

The Medical Protective Company

DENTAL ANESTHESIA SUPPLEMENT

Applicant's Name _____

A. If you perform conscious sedation and/or general anesthesia, do you administer sedation for medical procedures? Yes No

B. Please indicate who administers Conscious Sedation:

- I Do RN/LPN
 Oral Surgeon Dental Anesthesiologist
 Nurse Anesthetist/CRNA MD/DO Anesthesiologist
 Other (Please explain) _____

Where is Conscious Sedation performed?

- In My Office
 Hospital
 Licensed JCAHO or AAAHC Approved Surgical Center
 Other (Please explain) _____

C. Please indicate who administers General Anesthesia:

- I Do RN/LPN
 Oral Surgeon Dental Anesthesiologist
 Nurse Anesthetist/CRNA MD/DO Anesthesiologist
 Other (Please explain) _____

Where is General Anesthesia performed?

- In My Office
 Hospital
 Licensed JCAHO or AAAHC Approved Surgical Center
 Other (Please explain) _____

D. Do you accept referrals for the administration of anesthesia? Yes No

E. Do you prescribe Benzodiazepine type oral sedation agents? (Halcion, Triazolam, Ativan, Valium or similar anesthetic agent) Yes No

If yes, do you exceed the maximum recommended dosage ("MRD")? Yes No

If yes, are you trained and is your office prepared to administer reversal agents such as flumazinil intravenously? Yes No

F. How often do you update health histories?

Every: 3 Months 6 Months 12 Months Other _____

G. Is your office certified for general anesthesia by a state organization? Yes No

If yes, date of issuance: (MM/YYYY) _____

H. If conscious sedation or general anesthesia is performed outside of a hospital, JCAHO or AAAHC approved facility, how often do you and your staff participate in simulated emergency training?

Every: 3 Months 6 Months 12 Months Other _____

I. Are you or the individual administering the sedation, certified in one or more of the following? Yes No

If yes, please mark the applicable boxes: CPR ACLS ATLS PALS

J. Do you utilize the following equipment? (Please "X" equipment used)
 Checking the box indicates this equipment will be available during all anesthesia procedures performed outside a hospital, JCAHO or AAAHC approved facility.

Basic Airway Equipment:

- | | |
|--|--|
| <input type="checkbox"/> Oral and Nasopharyngeal Airways | <input type="checkbox"/> Pulse Oximeter |
| <input type="checkbox"/> Full Face Mask Resuscitator | <input type="checkbox"/> CO2 Monitor |
| <input type="checkbox"/> Endotracheal Tubes (adult/child size) | <input type="checkbox"/> Internal/External Temperature Monitor |
| <input type="checkbox"/> Laryngoscope | <input type="checkbox"/> Portable Suction |
| <input type="checkbox"/> Direct Current Defibrillator | <input type="checkbox"/> Capnography |
| <input type="checkbox"/> Tracheostomy/Coniotomy Equipment | <input type="checkbox"/> Auxiliary Lighting |
| <input type="checkbox"/> Sphygmomanometer/Stethoscope | <input type="checkbox"/> Emergency Pharmaceutical Kit |
| <input type="checkbox"/> Electrocardiographic Monitoring Equipment | <input type="checkbox"/> Fail safe mechanisms on anesthesia machines |

K. If you are hosting anesthesia provider(s), outside of a hospital, JCAHO or AAAHC approved facility, have you and will you ensure those anesthesia provider(s) have:

The equipment indicated (checked) above? Yes No

Professional liability limits equal to or greater than your policy limits? Yes No